

**REPORT OF THE  
BOARD OF DIRECTORS OF THE  
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

**DECEMBER 5, 2008**

**ATTENDANCE**

**Present:** Chairman Warren L. Batts; Vice Chairman Ramirez and Directors David A. Ansell, MD, MPH; Hon. Jerry Butler; David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; Luis Muñoz, MD, MPH; Heather E. O'Donnell, JD, LLM and Andrea Zopp (11)

**Absent:** None (0)

**Also Present:** Avery Hart, MD – Chief Medical Officer, Cermak Health Services; Michael Berman, MD – Cook County Department of Public Health; Pitt Calkin – Interim Chief Financial Officer, Cook County Health and Hospitals System; Matthew B. DeLeon – Secretary to the Board of Commissioners of Cook County; Patrick T. Driscoll, Jr. – Deputy State's Attorney, Chief, Civil Actions Bureau, Office of the State's Attorney; Randall Mark – Director of Policy Analysis, Cook County Health and Hospitals System; Stephen Martin, PhD, MPH – Chief Operating Officer, Cook County Department of Public Health; Jeff McCutchan – Supervisor, Transactions and Health Law Division, Office of the State's Attorney; Hon. Anthony Peraica – Cook County Commissioner; Elizabeth Reidy - Deputy Chief, Civil Actions Bureau, Office of the State's Attorney; David R. Small – Interim Chief Executive Officer, Cook County Health and Hospitals System; Joseph Sova – Chief, Cook County Bureau of Human Resources

Ladies and Gentlemen:

Your Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Friday, December 5, 2008 at the hour of 7:30 A.M. at Stroger Hospital, 1901 W. Harrison Street, in the fifth floor conference room, in Chicago, Illinois.

Your Board of Directors has considered the following items and upon adoption of this report, the recommendations follow.

Matthew B. DeLeon, Secretary to the Board of Commissioners of Cook County, called the roll of members and it was determined that a quorum was present.

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**APPROVAL OF THE MINUTES OF THE MEETING OF THE  
COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
BOARD OF DIRECTORS OF THURSDAY, NOVEMBER 13, 2008 AT 7:30 A.M.**

**Director Butler, seconded by Director Ansell, moved to approve the minutes of the meeting of the Cook County Health and Hospitals System Board of Directors of Thursday, November 13, 2008. THE MOTION CARRIED UNANIMOUSLY.**

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REPORT FROM SYSTEM BOARD CHAIRMAN WARREN L. BATTS

Chairman Batts provided information or updates on the following subjects.

*Meetings with outside consulting firm to expedite strategy work*

Chairman Batts indicated that meetings have taken place with an outside consulting firm, attended by Directors Greenspan and Golden, to discuss the possibility of expediting the strategy work; he stated that the Board needs to give thought as to what the mission should be.

*Discussions on bringing in management group to expedite progress*

Chairman Batts provided the Board with an update on discussions that have taken place on the subject of bringing in a management group to expedite progress at the System.

*Meeting with public relations firm*

Chairman Batts informed the Board that a meeting was held with Hill and Knowlton, a public relations firm, to explore the possibility of getting assistance with the System's public relations effort. They have come forward with a preliminary proposal which would utilize focus groups. He stated that the subject needs to be discussed further before submitting the proposal to the Finance Committee.

Chairman Batts asked Directors Greenspan and Golden to provide the Board with their thoughts on the subject in the near future.

*Creation of Working Group to Review System Affiliations and Relationships with Medical Schools*

Chairman Batts stated that he has asked Director Lyne to head up a group, which includes Vice Chairman Ramirez and Director O'Donnell, to review the System's affiliations and relationships with the local medical schools<sup>1</sup>.

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REPORT FROM THE SYSTEM INTERIM  
CHIEF EXECUTIVE OFFICER DAVID R. SMALL

David R. Small, Interim Chief Executive Officer of the Cook County Health and Hospitals System, reported on the following subjects.

*State Plan Amendment Update*

Mr. Small stated that formal approval had been given by the federal government on the State Plan Amendment, and distributed a press release (Attachment #1) on the subject. Discussion took place, and Randall Mark, Director of Policy Analysis at the Cook County Health and Hospitals System, provided additional information. During this discussion, the subject of renegotiating the Intergovernmental Transfer Agreements arose; Director Carvalho stated that Director O'Donnell's expertise in this area should be utilized in these complex efforts.

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*2009 Budget Update*

Mr. Small informed the Board of the four public hearings on the budget presently set by the County Board's Finance Committee, in locations across the County. He added that they are scheduled to conduct the departmental review of the System's 2009 Budget at its meeting on Friday, December 12, 2008 at 10:00 A.M. As this meeting conflicts with the System Board's Finance Committee meeting scheduled for that day, Finance Chairman Carvalho indicated that his meeting would be rescheduled to later that day, and would meet at the County Building.

*Cermak Health Services*

Mr. Small stated that discussions have taken place on the feasibility of entering into a Memorandum of Agreement with the Cook County Sheriff, which would ensure the highest level of collaboration through a formalized agreement.

Additionally, Mr. Small stated that the Sheriff is looking to charge fees out of the detainees' individual commissary accounts for medical services provided to detainees at Cermak Health Services.

The Board discussed the subject. Dr. Avery Hart, Chief Medical Officer of Cermak Health Services, provided additional information. He stated that the proposal is not about dollars, rather, it is an effort to reduce frivolous requests for services; very few detainees would be charged under this proposal.

Director Butler inquired whether an opinion on the proposal was available from the John Howard Association or from the Federal government representatives currently involved at Cermak.

Patrick T. Driscoll, Jr., Deputy State's Attorney and Chief of the Civil Actions Bureau of the Office of the State's Attorney, responded that it is something worth looking into.

Mr. Small stated that the proposal is in committee and is expected to be heard in the next week; he could provide copies of it, along with preliminary comments on it, by the end of the day.

Director Zopp requested that a representative from the Sheriff's Office present this proposal to the Board, so that further detailed discussion could take place. She added that these discussions should include representatives from the State's Attorney's Office and a legal representative from the Sheriff's Office.

*Status of Various Request for Proposals*

Mr. Small provided the Board with information on several Request for Proposals (RFP) that are currently in process for finalization. These include RFPs for internal audit services, search firm services, strategic planning assistance services, and turnaround stabilization services.

*Preliminary Revenue Estimate for 2008*

Mr. Small presented information on the preliminary revenue estimate for 2008. The Board discussed the information.

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*Formation of System-wide Groups*

Mr. Small provided information on the formation of System-wide groups. He stated that the Diversity Council is being re-activated. Sylvia Edwards, Chief Operating Officer at Oak Forest Hospital of Cook County, has agreed to chair a customer service taskforce. A personnel policy review group has been created and is headed by Sandra Ankebrant, Chief Operating Officer of the Ambulatory and Community Health Network.

Chairman Batts stated that customer service reports should be received regularly<sup>2</sup>.

In response to a question from Director Golden with regard to purchasing issues, Mr. Small responded that an operational plan with milestones will be available at the next meeting<sup>3</sup>.

*Miscellaneous*

Director Golden referenced a flyer was distributed, providing information on meetings that will be held with employees, and asked Mr. Small to provide additional information.

Mr. Small stated that meetings will be held at each of the facilities to invite staff to participate in general question and answer sessions. This will give staff the opportunity to directly receive updates on various issues.

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REPORT FROM SYSTEM INTERIM  
CHIEF MEDICAL OFFICER DR. JOHN RABA

Dr. John Raba, Interim Chief Medical Officer of the Cook County Health and Hospitals System, presented information on the following subjects.

*System-wide Integration*

Dr. Raba stated that there are eleven areas where integration is currently taking place. He will be providing an organizational chart of integrated system at the next meeting.

*Accountability and Productivity Standards and Benchmarks*

Dr. Raba presented information on accountability and productivity standards that currently exist at the System; discussion took place on future goals.

*Privileging and By-Laws*

Dr. Raba informed the Board that work is continuing on drafting System-wide By-Laws.

*Meetings of the System's Chief Medical Officers*

Dr. Raba stated that the System's Chief Medical Officers have started to meet regularly on a monthly basis.

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COMMITTEE REPORTS

Quality and Patient Safety Committee.....Meeting of 10-21-08\*  
(Deferred on October 30 and November 13, 2008)

\* note: Medical Staff Appointments/Re-appointments/Changes were approved by the  
Quality and Patient Safety Committee at this meeting.

**Director Ansell, seconded by Director Muñoz, moved to approve the Report of the Quality and Patient Safety Committee for the meeting of October 21, 2008. THE MOTION CARRIED UNANIMOUSLY.**

COMMITTEE REPORTS

Audit and Compliance Committee.....Meeting of 11-17-08

**Director Muñoz, seconded by Director Ansell, moved to approve the Report of the Audit and Compliance Committee for the meeting of November 17, 2008. THE MOTION CARRIED UNANIMOUSLY.**

COMMITTEE REPORTS

Human Resources Committee.....Meeting of 11-24-08

**Director Zopp, seconded by Director Butler, moved to approve the Report of the Human Resources Committee for the meeting of November 24, 2008. THE MOTION CARRIED UNANIMOUSLY.**

COMMITTEE REPORTS

Finance Committee.....Meeting of 11-24-08\*

\* note: Contracts and Procurement Items were approved, as amended, by the Finance  
Committee at this meeting.

**Director Carvalho, seconded by Director O'Donnell, moved to approve the Report of the Finance Committee for the meeting of November 24, 2008. THE MOTION CARRIED UNANIMOUSLY.**

COMMITTEE REPORTS

Quality and Patient Safety Committee.....Meeting of 11-25-08\*

\* note: Medical Staff Appointments/Re-appointments/Changes were approved by the  
Quality and Patient Safety Committee at this meeting.

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Director Ansell distributed to the Board the quarterly quality report from John H. Stroger, Jr. Hospital of Cook County, which was presented at the November 25, 2008 meeting. He stated that the Joint Commission requires that the Board receive reports on performance on a regular basis<sup>4</sup>.

**Director Ansell, seconded by Director Muñoz, moved to approve the Report of the Quality and Patient Safety Committee for the meeting of November 25, 2008. THE MOTION CARRIED UNANIMOUSLY.**

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COMMITTEE REPORTS

Audit and Compliance Committee.....Meeting of 12-05-08

**Director Muñoz, seconded by Director Zopp, moved to approve the recommendation to the Board made by the Audit and Compliance Committee at its meeting on December 5, 2008, to enter into and execute the contract with Deloitte & Touche for the performance audit of MedAssets' contingency contract.**

Director Ansell requested clarification on the motion; at the Audit and Compliance Committee meeting, he believed that it was understood that performance audits would be required on all contingency contracts, not just specifically MedAssets.

Chairman Batts stated that the intent is that as a policy, performance audits will be required on all contingency contracts<sup>5</sup>.

**On the motion to approve the recommendation to the Board made by the Audit and Compliance Committee at its meeting on December 5, 2008, to enter into and execute the contract with Deloitte & Touche for the performance audit of MedAssets' contingency contract, a voice vote was taken and THE MOTION CARRIED UNANIMOUSLY.**

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REVIEW AND APPROVE A PROPOSAL FOR THE CONSOLIDATION OF  
SURGICAL SERVICES FOR THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM, PHASE 1

Mr. Small stated that further internal review would take place on this item; it will be deferred to the next meeting of the Board of Directors.

Director Carvalho suggested that a committee, or subgroup, review the proposal in detail prior to the Board's review. Chairman Batts indicated that the proposal could fall under several committees; Director Ansell suggested that the Committee Chairmen of Audit and Compliance, Finance, and Human Resources review the proposal prior to the Board's review<sup>6</sup>.

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RECEIVE AND FILE THE FOLLOWING REPORTS  
FROM THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH:

- Cook County Department of Public Health 2007 Annual Report; and
- Cook County Department of Public Health Annual Tuberculosis Surveillance Report, 2007.

Dr. Stephen Martin, Chief Operating Officer of the Cook County Department of Public Health, presented the reports. (See Attachments #2 and #3.) Dr. Michael Berman, of the Cook County Department of Public Health, provided additional information.

**Director Butler, seconded by Director O'Donnell, moved to receive and file the Cook County Department of Public Health 2007 Annual Report and the Cook County Department of Public Health Annual Tuberculosis Surveillance Report, 2007. THE MOTION CARRIED UNANIMOUSLY.**

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UPDATE FROM AD HOC STRATEGIC PLANNING COMMITTEE

Director Golden provided an update on strategic planning efforts. She stated that at the next meeting, they will share the information gained from the comments that were received at the plenary session meeting. She stated that during the discussions, it was apparent that a robust discussion should be held at the Board level on the System's mission and future direction. This should hopefully take place at the first Board meeting in January.

Meetings have been held with consulting firms on the possibility of engaging outside help with the strategic planning process; an RFP is in development for this purpose.

In response to a comment from Director Muñoz with regard to the possibility of a retreat session, Chairman Batts informed the Board that the Union League has offered their facility. Further discussion took place, on the logistics involved with planning such a retreat and complying with the Open Meetings Act.

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**Director Carvalho, seconded by Director Golden, moved to recess the regular session and convene into closed session, pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(2), et seq., which permits closed meetings for consideration of "Collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(1), which permits closed meetings for consideration of "The appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity." THE MOTION CARRIED UNANIMOUSLY.**

**Director Carvalho, seconded by Director Golden, moved to adjourn the closed session and convene into regular session. THE MOTION CARRIED UNANIMOUSLY.**

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PUBLIC COMMENTS

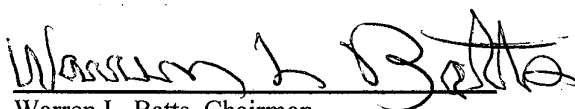
Chairman Batts asked the Secretary to call upon the registered speakers.

Mr. DeLeon replied that there were none.

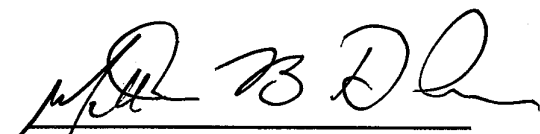
ADJOURNMENT

**Director Ansell, seconded by Director Lyne, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.**

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

  
Warren L. Batts, Chairman

Attest:

  
Matthew B. DeLeon, Secretary

The following was requested or was indicated as a follow-up item at this meeting:

<sup>1</sup> Working Group Created: headed by Director Lyne and including Vice Chairman Ramirez and Director O'Donnell, to review the System's affiliations and relationships with the local medical schools. On page 2.

<sup>2</sup> Request to receive customer service reports on a regular basis. On page 4.

<sup>3</sup> Follow-up: With regard to purchasing issues, an operational plan with milestones will be available at the next meeting. On page 4. (David Small)

<sup>4</sup> Follow-up: Joint Commission requires that the Board receive reports on performance on a regular basis. On page 6.

<sup>5</sup> Statement of Policy: As a policy, performance audits will be required on all contingency contracts. On page 6.

<sup>6</sup> Follow-up: Committee Chairmen of Audit and Compliance, Finance, and Human Resources to review the proposal for the consolidation of surgical services for the Cook County Health and Hospitals System, Phase 1, prior to the Board's review. On page 6.



ATTACHMENT #1

## Governor Blagojevich's Hospital Assessment Plan Wins Formal Approval from the Federal Government

### *Federal approval of Governor's 2009 Hospital Assessment will direct over \$775 million of federal dollars to Illinois hospitals and Medicaid providers*

**CHICAGO** – On the heels of reports that the nation is in an economic recession, hospitals and other medical providers will receive millions of federal dollars to help them care for Medicaid patients, Governor Rod R. Blagojevich announced today. The federal Centers for Medicare and Medicaid Services (CMMS) approved the Governor's 2009 Hospital Assessment, which he advocated for and signed this summer. Federal approval means hospitals, especially those with high volumes of Medicaid patients, will receive millions of additional dollars in federal matching funds.

"This is a great day for hospitals and Medicaid providers throughout Illinois because they will now get the resources they need to help them continue treating some of the most underserved communities in our state," said Governor Blagojevich. "Low-income families, seniors and people with disabilities rely on the Medicaid services these hospitals provide. I would like to thank lawmakers for overwhelmingly passing the legislation that I signed to help make this assessment a reality."

Under this five-year agreement between Illinois and the federal government, the Illinois Department of Healthcare and Family Services (HFS) will distribute an estimated annual amount of over \$1.5 billion in Medicaid payments to hospitals. The federal government matches these payments and sends Illinois over \$775 million in matching funds. The state then collects \$900 million in taxes from hospitals to help support this spending. Through this process, hospitals gain \$640 million in increased funding, and \$130 million is made available for critical services delivered by other Medicaid providers as well.

"I would like to thank lawmakers and our many industry partners, including the Illinois Hospital Association, the Association of Safety Net Hospitals, Senator Schoenberg, Representative Currie and Cook County's Stroger Hospital, who worked with the Department to help us secure federal approval for this hospital assessment plan. Through this agreement, Illinois hospitals will receive vital funding for years to come," said HFS Directory Barry S. Maram. "And I would especially like to thank Governor Blagojevich for his continued leadership in achieving not only this new hospital assessment plan but in achieving two previous hospital plans that brought nearly \$2.3 billion in federal dollars to Illinois."

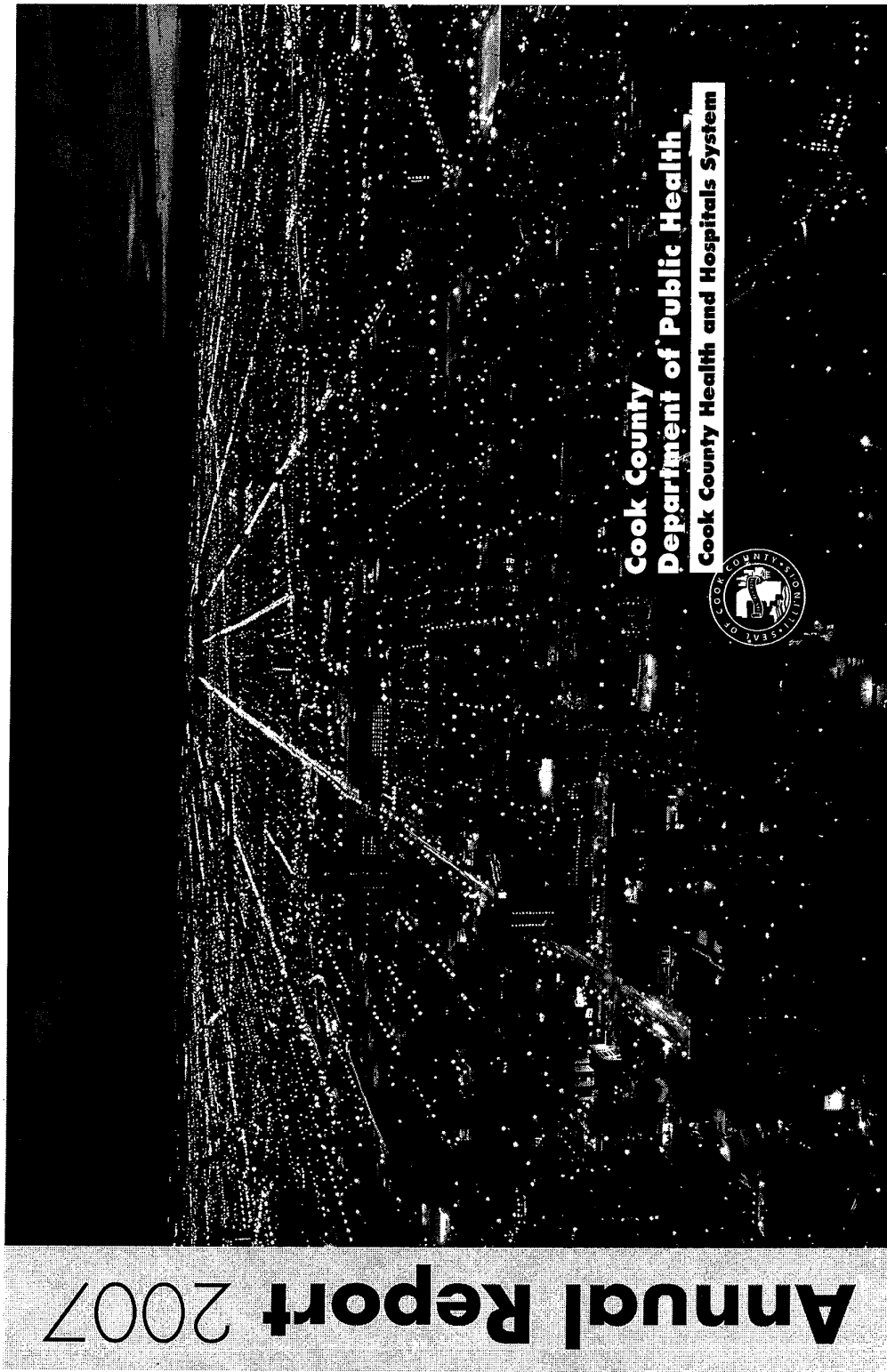
HFS will distribute the money to hospitals during the course of the year through monthly payments, greatly assisting these providers in difficult economic times. The amount of money a hospital receives is based on the various services it provides to Medicaid patients. The additional funding recognizes hospitals that provide obstetrical, psychiatric and rehabilitative services, capital costs and other types of services.

The approval also includes significant funding for Cook County's Stroger Hospital through a federal funding stream used to compensate those serving a disproportionate share of Medicaid and uninsured individuals.

Before Governor Blagojevich came into office, no hospital assessment plan existed. During that time, hundreds of millions of federal healthcare dollars did not come to the state of Illinois, as a result. The first hospital assessment plan approved by the federal government brought \$490 million to Illinois in just more than one year. The last plan, which ended on July 1, 2008, brought \$1.8 billion to Illinois. This latest approval will bring over \$3.8 billion to Illinois over five years.

Cook County Health and Hospitals System  
Report of the Meeting of the Board of Directors  
December 5, 2008

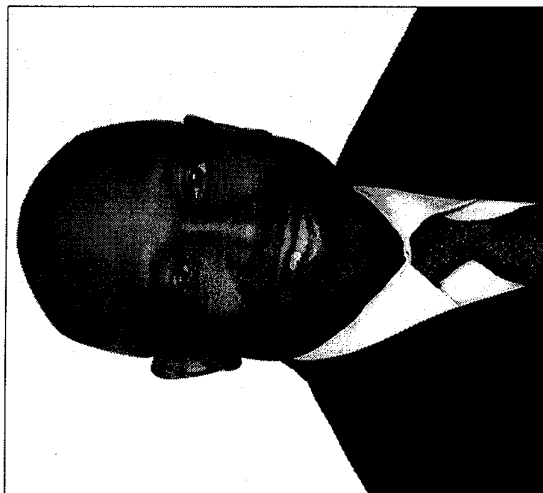
ATTACHMENT #2



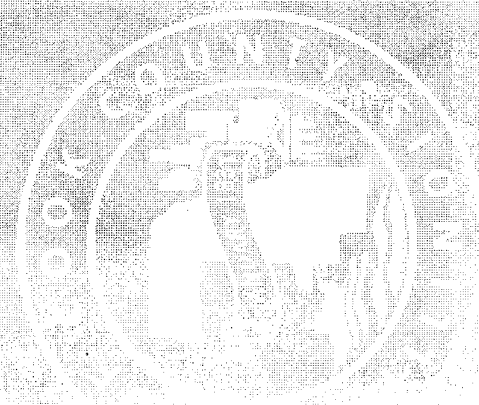
# Annual Report 2007

**Cook County**  
**Department of Public Health**  
**Cook County Health and Hospitals System**





*The Honorable Todd H. Stroger*  
President  
Cook County Board of Commissioners



**Front Cover**  
View from Sears Tower looking  
west to Cook County suburbs.

## Who We Are *One of Seven Affiliates of the Cook County Health and Hospitals System*

*The Cook County Department of Public Health (CCDPH) is 1 of 7 affiliates of the Cook County Health and Hospitals System (CCHHS).*

CCHHS is the second largest division of Cook County government and one of the largest public health systems in the country. It is a leader in innovative health programs and provides a variety of healthcare services ranging from preventive and primary care, prenatal care, communicable diseases, and environmental health; to long-term care, rehabilitation and geriatric medicine. CCHHS also targets diseases and conditions affecting Cook County residents; including asthma, diabetes, HIV/AIDS, trauma, cancer and high-risk pregnancies and births.

Established in 1945, CCDPH is the state-certified public health agency for suburban Cook County; with the exception of Chicago, Evanston, Skokie, Oak Park and Stickney Township, where state-certified public health departments are operated by the local units of government.

CCDPH assures the health of its residents through such activities as disease surveillance and investigation, environmental inspections and licensure, chronic disease screenings, immunizations, and health policy development.

As a safety net for under-served and at-risk populations, CCDPH assesses the changing health needs of its diverse communities by working with community and faith-based organizations, schools, hospitals, private providers, and local, state and federal governments to plan for services and programs. To promote healthy behaviors and prevent the spread of diseases, CCDPH provides communities with health information as well as technical assistance for grant writing and coalition development.

*Please note: The Cook County Bureau of Health Services (CCBHS) was renamed the Cook County Health and Hospitals System (CCHHS) in 2008. This 2007 report uses the new name, as it is being released in 2008.*

A Message from Chief Operating Officer Stephen A. Martin Jr., PhD, MPH



*The year 2007 was an exciting one for the Cook County Department of Public Health.*

CCDPH is responsible for oversight and enforcement of the Cook County Clean Indoor Air Ordinance prohibiting smoking in all public places and making suburban Cook County a much healthier area to live, work and play. Cook County Commissioners passed the ordinance in 2006 and it took effect on March 15, 2007.

The CCDPH Communicable Disease Control Unit also assumed responsibility for tuberculosis prevention and treatment services in July 2007, per the 2006 dissolution of the Suburban Cook County Tuberculosis Sanitarium District by the State of Illinois General Assembly. As a result, CCDPH is better able to serve residents; especially those with multiple public health issues, including HIV.

With the threat of a worldwide disease outbreak such as pandemic flu making headlines, CCDPH began a series of presentations to schools and businesses about emergency preparedness. Municipal leaders, first responders, business owners and residents received information about how to prepare their homes, businesses and families for pandemic flu. In addition, the Be Aware, Get Prepared Campaign included newspaper inserts and bus ads encouraging residents to prepare for public health emergencies.

Please read through this annual report and learn more about the important work we do everyday to help suburban Cook County residents live longer, healthier lives.

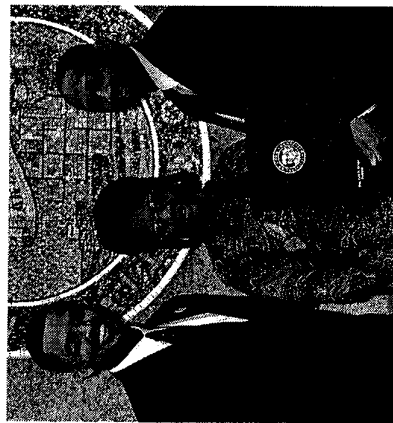
Sincerely,

Stephen A. Martin, Jr., PhD, MPH

Chief Operating Officer

Cook County Department of Public Health





*Dedication*

**Lillie Kilo**

(1936–2008)

This annual report, which was produced in 2008, is dedicated in fond memory of CCDPH Employee Lillie Kilo (1936-2008). In a resolution by the Honorable Todd H. Stroger, President of the Cook County Board of Commissioners, Mrs. Kilo was recognized in 2008 for 38 years of service to the Cook County Department of Public Health.

## ***Our Mission***

*To protect and promote health  
and prevent illness, disability and premature death  
among all residents of suburban Cook County*

## ***What We Do***

### **Assessment**

*Monitor Health  
Diagnose and Investigate*

### **Policy Development**

*Inform, Educate, Empower  
Mobilize Community Partnerships  
Develop Policies, Plans and Programs*

### **Assurance**

*Enforce Laws  
Link to and Provide Care  
Assure Competent Workforce  
Evaluate Policies, Plans and Programs*



## ***Our Approach***

### *Linking People and Resources*

The Cook County Department of Public Health takes a network approach to protecting and promoting health and preventing illness, disability and premature death. CCDPH works with a variety of local, state and federal partners in the public health infrastructure to ensure the safety of our diverse population – 2.2 million suburban Chicago residents, and tens of thousands of travelers, who move in and out of Cook County everyday via expressways, airports and public transportation.

We are one of the few sources with information about the priority health issues and needs in each community. This helps our agency, partners, and the public plan for and address emerging health threats, and to promote healthy lifestyles through awareness, education, programs and community development.

We strive to bring people and resources together. To help address issues facing our communities, we have established a growing network of partners, including: 21 area hospitals, first responders, schools, businesses, community- and faith-based organizations and elected officials.

## Integrated Health Support Services *Highlights and Statistics*

### **Breast and Cervical Cancer Program**

Breast cancer is the most common cancer in women.

However, if it is detected while still in its earlier stages, breast cancer can be successfully treated. Routine mammograms and breast exams can detect cancer early and provide women with better treatment options and results. In 2007, Governor Blagojevich signed into law the expansion of the Illinois Breast and Cervical Cancer Program, allowing uninsured women regardless of income, to become eligible for the program.

In suburban Cook County, CCDPH is a proud partner and lead agency for the Illinois Breast and Cervical Cancer Program. Through this collaboration, women need only go as far as their phones to find early detection screening services throughout the region. Provider partners include: Ingalls Memorial Hospital, Loyola University Medical Center, and Rush Medical Center, Access to Care, Aunt Martha's, PCC Wellness, and the Cook County Health and Hospitals System.

### **The CCDPH Breast and Cervical Cancer Program**

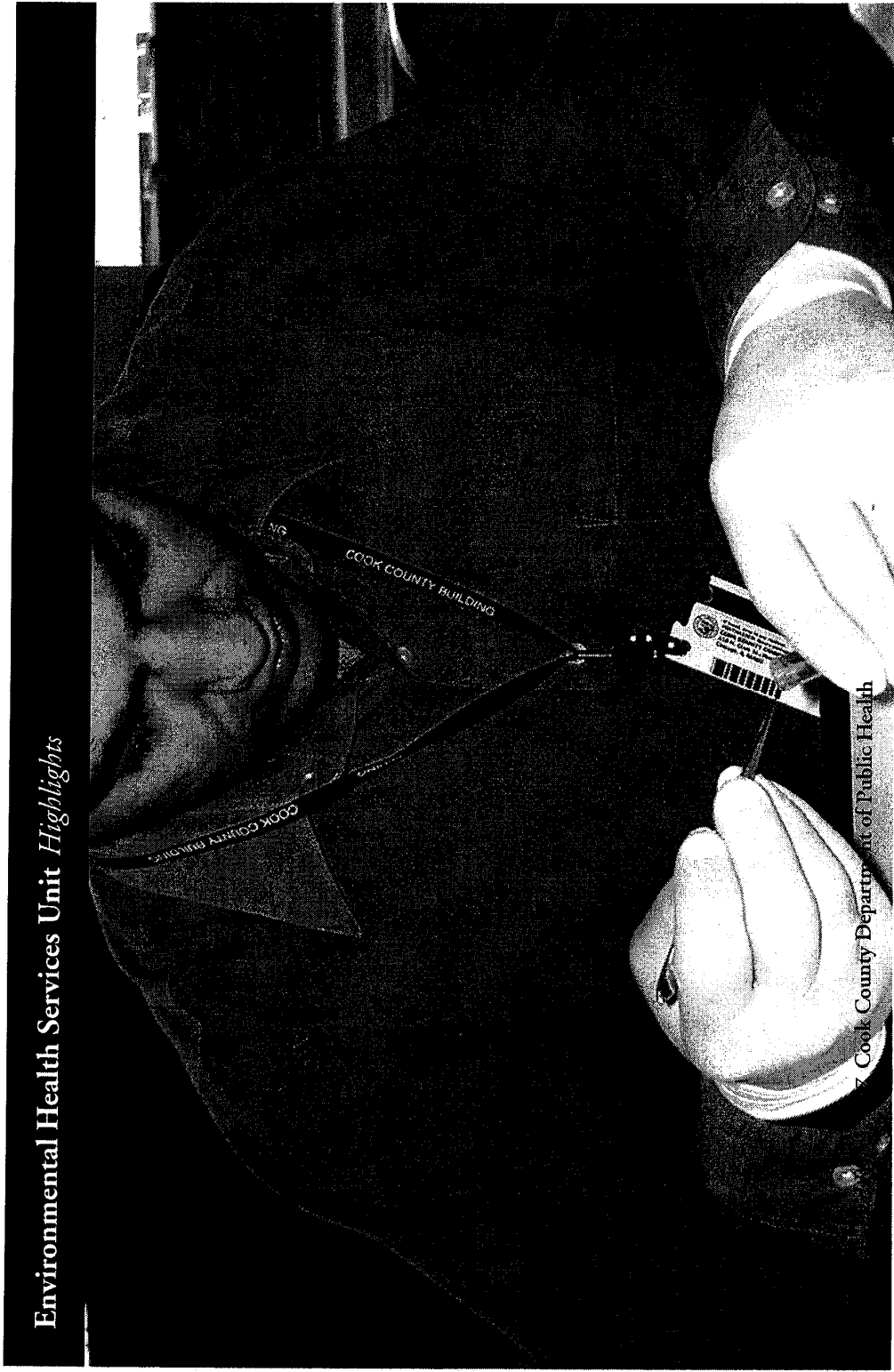
provides clinical breast exams, mammography screenings, pelvic exams, and pap tests for eligible uninsured suburban Cook County women. Women 35 years and older are eligible for pap tests. Women age 40 and over are eligible for both cervical and breast cancer screenings. Clients also receive case management services to provide education, referral, and follow-up. Women diagnosed with breast and/or cervical cancers receive assistance with expedited enrollment in Medicaid through the Illinois Breast and Cervical Cancer Treatment Act. Women may contact the state health line at 1-888-522-1282, or contact CCDPH at 708-450-5300 for more information.



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case management, nursing, clinical services

<b>Family Case Management/DCFS Medical Case Management Program (monthly caseload)</b>	<b>Client Clinic Visits (yearly)</b>
Family Case Management	16,535
Targeted Intensive Prenatal Case Management	131
Delay of Subsequent Pregnancy	26
DCFS/ Health Works	922
Healthy Families	68
Breast and Cervical Cancer Prevention	107
<b>Services (yearly)</b>	
Daycare Consultations	142
Vision Screenings	6,993
Hearing Screenings	7,297
<b>Women, Infants and Children (WIC)</b>	
Monthly Caseload	24,846
Yearly Client Clinic Visits	97,570
	5,889
	9,130
	1,932
	4,233
	3,363
	2,449
	8,157



Environmental Health Services Unit *Highlights*

7 Cook County Department of Public Health

**On December 2007 the Cook County Board of Commissioners** passed the Swimming Facilities Ordinance, providing for the collection of fees to support the CCDPH Swimming Pool Inspection Program and also for the certification of pool operators by May 1, 2009.

**About 108 recalls were distributed to all municipalities.** Inspections were performed to check on some products. Examples include: counterfeit toothpaste from China, lead-contaminated products not intended for food consumption, beef recall for possible E. Coli contamination, and pot pies associated with salmonella.

**Environmental Health Unit staff sent information to** municipalities about boil orders, flooding, and power outages. Inspectors visited the affected towns of Bellwood, Forest Park, Hometown, Lincolnwood, Maywood, Northlake and South Barrington.

**Staff participated with the U.S. Food and Drug Administration** in an investigation of an allegedly illegal raw milk distribution operation in suburban Cook County.

**Staff participated in the taping of a show on asthma** in the that aired on the local cable station in Harvey.

**Lead inspectors conducted a lead-safe work practices training** for local municipalities and contractors at Brookfield Zoo, participated in National Lead Poisoning Prevention week activities, and were presenters at local regional health council meetings.

**Indoor Air Quality investigations were conducted in homes** and schools throughout suburban Cook County for mold, carbon monoxide, mercury spills and more.

**Staff investigated complaints involving numerous homes** with unsanitary conditions, such as excessive garbage accumulation and/or insect/rodent activity that could cause a public health nuisance in the surrounding area.

## Environmental Health Services Unit Statistics

<b>Private and Non-Community Water Supplies</b>		<b>Septic Tank Cleaners</b>	
Water Samples Collected		Permits Issued	76
Non-community	580	Truck Inspections Performed	87
Private	53		
Abandoned Wells		<b>Well/Septic System Mortgage Evaluations</b>	
Sealing Requests Received	310	Evaluations Processed	4
Wells Sealed	209	Inspections Performed	9
New Wells		Water Samples Collected	42
Inspections Performed	150		
Permits Issued	125	<b>Food Service Establishments/Retail Food Stores</b>	
Existing Non-Community Wells		Intergovernmental Agreements	
Surveys Performed	139	Inspections Performed	4,478
Water Analysis Opinions Rendered	1,113	Plans Reviewed	115
		Unincorporated Areas	
		Inspections Performed	588
		Licenses Issued	167
		Plans Reviewed	23
		Food Complaints Received	410
<b>Private Sewage Disposal Systems</b>		<b>Healthy Homes</b>	
Installation Inspections Performed	70	Inspections Performed	13
Lot Surveys Performed	58	Presentations	7
Plans Processed	73		
Witnessed Percolation Tests Performed	4		





## Communicable Disease Control Unit *Highlights and Statistics*

### Unit Mission

The mission of the Communicable Disease Control Unit is to prevent and control the spread of infectious diseases within suburban Cook County. This responsibility is achieved through collaboration with those involved in the identification, diagnosis, treatment and legal, ethical and social management of communicable diseases.

### Programs

- General Communicable Diseases
- Vaccine Preventable Diseases
- HIV Surveillance and Prevention
- Sexually Transmitted Diseases
- Enhanced Surveillance
- Tuberculosis Surveillance and Prevention

### Objectives

- Provide timely epidemiologic data and analyses to support outbreak investigation, case/contact management and policies and prevention strategies.
- Develop, maintain and enhance communicable disease surveillance systems.
- Proactively communicate with the public about communicable diseases and public health.
- Develop public policies and strategies related to the prevention, control and management of communicable diseases.
- Work closely with the Illinois Department of Public Health and other local health departments to prevent and control infectious diseases.
- Provide leadership in the creation, review and revision of legislation and response protocols which describe the requirements for reporting and management of communicable diseases.

works to prevent the spread of communicable diseases

<b>Vaccine Preventable Diseases</b>		
Diphtheria	0	Lyme Disease 18
Haemophilus Influenzae Type B	0	Malaria 11
Hepatitis B		Meningococcal Infections 14
Acute	39	Meningitis, Listeria 7
Chronic	510	Meningitis, Streptococcal Group B 1
Measles	0	West Nile Virus Neuroinvasive 13
Mumps	22	Pneumococcal Invasive 172
Pertussis (Whooping Cough)	44	Salmonellosis 371
Rubella	0	Shigellosis 95
Tetanus	1	Streptococcal Invasive (Group A) 47
Varicella (Chicken Pox)	289	Typhoid Fever 7
		Tuberculosis Disease
<b>Selected Diseases</b>		Active 139
Cryptosporidiosis	21	Latent 947
E.Coli 0157:H7	0	
Giardiasis	94	<b>Sexually Transmitted Diseases</b>
Haemophilus Influenzae (not B)	21	Syphilis 71
Hepatitis A	35	Gonorrhea 2,642
Hepatitis C		Chlamydia 7,884
Acute	0	HIV (* preliminary) *151
Chronic	1,143	AIDS (* preliminary) *102
Histoplasmosis	10	<b>Other</b>
Legionnaires' Disease	14	Food-Borne Illness Complaints Received 322
Listeria	7	Pediatric Influenza Deaths 2

## Communicable Disease Control Unit *Highlights*

### *Tuberculosis*

In July 2007, the Suburban Cook County Tuberculosis Sanitarium District was incorporated into the Cook County Department of Public Health bringing with it a dedicated staff of doctors, epidemiologists, nurses, and support staff. Tuberculosis (TB) prevention and control services continue to be provided to any of the 2.3 million suburban Cook County residents who need them; including those living in Evanston, Skokie, Oak Park and Stickney Township.

Below are some selected summary statistics recorded by the Des Plaines, Forest Park and Harvey TB clinics in 2007:

- Over 65,000 clinic visits
- 22,800 tuberculin skin tests administered
- 139 active TB cases – diagnosed and treated
- 947 new latent cases of TB – diagnosed and treated

Of the 139 active TB cases identified, 107 (77%) were foreign-born. As the TB epidemic has been brought under

better control among persons born in the U.S., a growing percentage of cases in Illinois are reported among non-U.S. born persons.

To avert the potential resurgence of a TB outbreak in this community, the CCDPH TB program staff remain dedicated and committed to the prevention, treatment and surveillance of this ancient and deadly disease. Activities include:

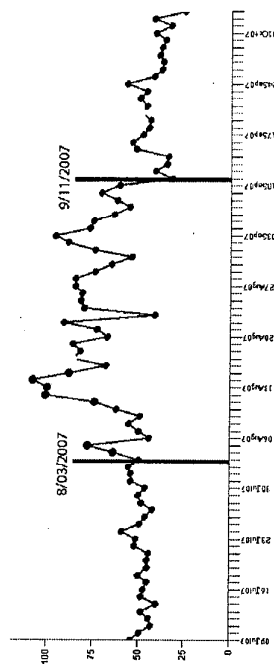
- Directly observed therapy (DOT) for all active TB cases
- Investigating contacts of each case of active TB disease
- Screening of high-risk individuals for latent TB infection
- Prompt initiation of treatment for latent TB to prevent progression to active TB disease.

### Enhanced Surveillance

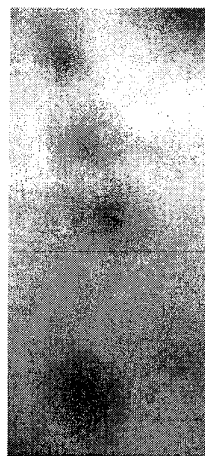
CCDPH has been utilizing the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) as a syndromic surveillance system since January 2005. Hospitals participating in ESSENCE are required to collect chief complaint data from their emergency departments and to transmit these data on a daily basis to CCDPH. Twenty suburban Cook County hospitals are enrolled in ESSENCE. The communicable disease program utilizes ESSENCE to monitor flu-like-illness and provide situational awareness of outbreaks and seasonal diseases in the community.

ESSENCE detected a significant increase in rash presentations during an unexpected itch mite outbreak in August 2007. ESSENCE helped assess the number of individuals affected and the duration of the presence of the itch mite (see Figure 1). The increase in rash illness noted was consistent with reports from the community of an itchy skin rash, later determined to be caused by the bite of an itch mite, *Pyemotes herfsi* (see Figure 2).

**Daily Data Counts 2007 Itch Mite Outbreak**



**Figure 1.** Time-series graph: Daily case-counts of "rash or itch" from ESSENCE-reporting hospitals July 9 thru Oct. 3, showing the prolonged increase in rash presentation from Aug. 3 thru Sept. 11.



**Figure 2.** Rash caused by the bite of an itch mite, *Pyemotes herfsi*.

## Community Preparedness and Coordination Unit Highlights



## improves preparedness and response planning for public health emergencies and disasters

CPCU launched the "Be Aware, Get Prepared," Campaign to help the public achieve a basic level of preparedness for public health emergencies. PACE buses carried ads and 400,000 booklets were disseminated to Pioneer Press, Daily Southtown, Lawndale News, N'Digo, Daily Herald and Chicago Defender subscribers.



CPCU coordinated two regional exercises in April. The first was a discussion-based exercise to examine isolation protocols and procedures. The second was a full-scale exercise that engaged over 500 participants from Cook County government, municipalities and fire protection districts to evaluate components of the Cook County Pharmaceutical Stockpile Distribution Plan.

The Mass Humanitarian Care Work Group was created to address mass care challenges that could arise during a pandemic. For example, there may be a greater need for mental health services, food and supplies for people who are home-bound. The group consists of representatives from federal, county, and local governments; community-based organizations; faith-based institutions; and private industry.

CPCU organized three presentations on quarantine and isolation (Q & I) for fire and police chiefs to:

- strengthen CCDPH's relationships with local fire and police departments.
- promote a common understanding of each agency's responsibilities when CCDPH issues Q & I orders.
- initiate dialogue to begin improving coordination in responding to a possible pandemic event.

## Health Promotion Unit Highlights

### *Teen Pregnancy Prevention Program*

In response to findings from the National Campaign to Prevent Teen Pregnancy (indicating half of all Latinas get pregnant at least once by age 20), the Teen Pregnancy Prevention Program (TPPP) and Parent Workshop at Morton East High School in Cicero continued for the third year with funding from the Illinois Department of Human Services.

Highlights included:

Six 8-week sessions of *Making Proud Choices*, a health education curriculum that educated over 300 students on topics such as HIV and sexually transmitted disease awareness, and the consequences of teenage pregnancy.

Parent presentations entitled *Sharing Your Sexual Values with Your Teen* and *Effective Communication with Your Child*. Studies show that teens are most influenced by their parents, but often, communication breaks down between the generations on sensitive topics such as sex and relationships.

### *Helping Areas with High Rates of Children with Asthma*

CCDPH received \$760,259 from the U.S. Department of Housing and Urban Development (HUD) to determine what conditions may exist that could be endangering the health of the children residing in homes in Harvey, Robbins and Riverdale; areas identified as having high rates of children with asthma. 350 homes/units will receive one of three levels of intervention, up to and including intensive remediation to eliminate those conditions in the home that contribute to illness or injury. This three-year grant ends in October 2009.

In 2007, the unit:

- Received 128 patient referrals
- Completed 49 in-home assessments/interventions
- Provided outreach and education to 709 individuals
- Trained 77 individuals in Healthy Homes basics and Asthma 101.



## Tobacco Prevention Unit

**promotes healthier lifestyles**

The Tobacco Prevention Unit facilitated several tobacco prevention and education presentations at schools, churches, hospitals and other medical facilities, as well as at community-based agencies and health fairs.

Tobacco Prevention staff distributed information packets about Quitline and Quitnet throughout suburban Cook County. Quitline is the toll-free smoking cessation service offered by the Illinois Department of Public Health. Quitnet is an online smoking cessation service offered by CCDPH and free to residents. Quitnet served 8,196 visitors and reached 91,116 interested parties.

Local radio personalities helped CCDPH spread the word about the dangers of youth tobacco use during six live remote radio shows. One of the broadcasts originated at the popular B96 Summer Bash in Bridgeview.

Tobacco Prevention staff helped facilitate two meetings to educate municipalities and local businesses on Smoke-Free Illinois, the new law that prohibits smoking

throughout the state. CCDPH partnered with the American Cancer Society, American Lung Association and American Hospital Association to provide information and answer questions about the new law.

Tobacco Prevention staff facilitated eight Freedom from Smoking classes to a total of 72 participants. Freedom from Smoking, an 8-week class, was developed by the American Lung Association to help people quit smoking.



*Health Educators Lea Tonya Scionert and Chaudius Iqbal shared information with the public at the B-96 Bash in Bridgeview.*

# Health Promotion Unit Continued



**What is prostate cancer?**  
Prostate cancer is a disease that affects the gland in the prostate. Normally, cells grow and divide in an orderly way. Sometimes, however, the normal pattern of cell growth can be disrupted and abnormal cells develop. In these abnormal cells, the cells continue to divide even when they should not, they can form a tumor. Sometimes prostate cancer can, if undetected, spread to other parts of the body.

The prostate is a gland that is part of the male reproductive system. Located below the bladder and in front of the rectum, it is about the size and shape of a walnut and weighs only about an ounce. The prostate surrounds a tiny tube that carries urine from the bladder and through the urethra. The main function of the prostate is to produce fluid for semen.

**AutoBody maintenance check-up schedule**

Age	Check-up	PSA test	Annual prostate exam
40	Annual prostate exam	Annual PSA test	Annual prostate exam
50	Annual prostate exam	Annual PSA test	Annual prostate exam
60	Annual prostate exam	Annual PSA test	Annual prostate exam
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**the nuts & bolts of prostate cancer who is at risk and how to screen for it**

**who is at risk?**  
All men 20 years old and older should be screened for prostate cancer. On an annual basis, prostate cancer is the leading cause of death for men. Prostate cancer is the leading cause of death for men. Prostate cancer is the leading cause of death for men.

**over the age of 50 years? OR over the age of 40 years? AND:**  
African-American men have a higher risk of prostate cancer than other groups. If you have a family history of prostate cancer, you should be screened for prostate cancer.

**see your nearest parts dealer for a test**  
If you are a new car owner, you should see your nearest parts dealer for a test. A check-up schedule for your car is included in your car's maintenance manual. A check-up schedule for your car is included in your car's maintenance manual.



**the PSA blood test**  
The PSA blood test measures the level of prostate-specific antigen (PSA) in the blood. PSA is found in the blood of every man. High PSA levels may be a sign of prostate cancer.

**the ORE physical exam**  
The ORE physical exam is a simple test that measures the size and shape of the prostate. The PSA blood test and the ORE physical exam are used together to screen for prostate cancer.

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**Symptoms of Prostate Cancer**  
Often there are no symptoms, which is why screening is so important. If symptoms do occur, they may include:

- Difficulty starting urination
- Reduced force of stream of urine
- Urinating small amounts frequently
- Urinating more frequently during the night
- Painful urination, blood in urine, and bone pain
- Decrease in blood flow to the penis
- Reduced ability to get an erection



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**Prostate Cancer Facts**  
Prostate cancer is the most common cancer among men in the United States. It is the leading cause of cancer death among African-American men. Prostate cancer is the leading cause of cancer death among African-American men.

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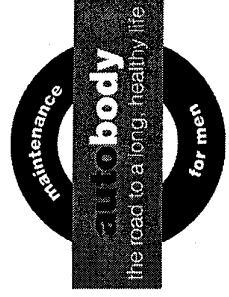
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*CCDPH received the 2007 Gold Award for Excellence in Public Health Communication (In-House Brochure) from the National Public Health Information Coalition for design of the AutoBody Maintenance for Men © brochure.*



## Prostate Cancer Awareness

### *AutoBody Maintenance for Men Campaign*

Utilizing grant dollars from the Illinois Department of Public Health (IDPH), CCDPH once again rolled out the AutoBody Maintenance for Men © campaign to increase prostate cancer awareness among minority men. For the fourth year, the AutoBody campaign encouraged men to take care of themselves like they take care of their cars by getting annual check-ups.

The 2007 campaign consisted of media buys, outreach and education along with PSA screenings. The media component included several newspaper ads, highway billboard displays and a 30-second public service announcement by Cook County Board President Todd H. Stroger. In addition to the grant's requirements, CCDPH provided PSA blood tests to 162 men.

#### **Totals**

Community Outreach	1,340
PSA Screening	162

## Violence Prevention

### *Father's Action Network*

The Fathers Action Network is a fatherhood responsibility program that encourages and increases positive parental participation and family unity through support activities and educational workshops. CCDPH staff worked with Guildhaus, a residential long-term substance abuse recovery home and treatment center in Blue Island, to provide monthly seminars on domestic violence, anger management, parenting, relationship building, child support, nutrition and CCDPH clinic information/services. **130 participants**

CCDPH staff also worked with SAFER Foundation/Crossroads Adult Transition Center, an Illinois Department of Corrections organization that helps formerly incarcerated individuals help themselves stay out of prison, turn their lives around and re-enter their communities. Workshops included: anger management, parenting, relationship building, child support, nutrition and CCDPH clinic information/services. **75 participants**

## Lead Poisoning Prevention Services Unit *Highlights and Statistics*

*Today, the most preventable environmental public health issue affecting children six years and under is lead poisoning.*

Despite this, lead poisoning continues to hurt our communities. No level of lead is safe. It can cause behavior, learning and growth problems. It does not discriminate based on race or economic status, but most lead poisoning cases are reported in children who reside in older housing built before 1978 that are in poor urban and minority communities. The most likely sources of childhood lead exposure are from deteriorating lead-based house paint, lead dust from renovation and contaminated soil.

According to the Centers for Disease Control and Prevention, approximately 4 percent of U.S. children under the age of 6 have a blood lead level (BLL) of at least 10 mcg/dL. In suburban Cook County, only 8.8 percent of the children under the age of 6 were tested to assess their potential exposure to lead-based paint hazards.

As a result, CCDPH has focused its resources on the following targeted strategies:

- Providing a grant program with financial assistance to correct lead hazards in residential dwellings.
- Raising awareness and educating parents and health-care providers about the importance of blood lead testing.
- Educating property owners and community-based organizations about the dangers of lead.

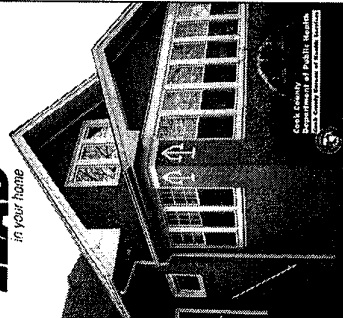
### Lead Poisoning Prevention Activities

Lead Education and Outreach Workshops, Presentations and Community Events	101
Prevention Services	
Children with Elevated Blood Levels Requiring Follow-Up	207
Lead-Based Paint Hazard Control Program	
Homes Having Lead Hazards Corrected	181

protects children from lead poisoning

LPPU created a two-sided flyer to hang on doorknobs. The piece provides educational information and helpful tips about lead and asks residents to contact CCDPH to learn more.

Look out for  
**LEAD**  
in your home



Cook County Department of Public Health  
Lead Poisoning Prevention Unit

- Lead is commonly found in homes built before 1978.
- Lead can cause serious health and learning problems, especially in **CHILDREN UNDER AGE 7.**
- Lead hazards can be controlled. See website for more information.

☐ **Sorry we missed you! Please contact:**  
at the Cook County Department of Public Health  
Lead Poisoning Prevention Unit, 769-492-2078

Look out for  
**LEAD**  
in your home

- ☐ **Test children for a lead blood test every year until age 7.**
- ☐ **Learn about lead poisoning before home renovations.**
- ☐ **Women planning to have a baby should be tested for lead.**
- ☐ **Remove old paint chips and dust from windowsills with a damp wet cloth.**
- ☐ **Wash your child's hands before the day.**
- ☐ **Wash your child's toys, pacifiers and bottle nipples after making them from the tip for drinking, sucking or making baby formula. For information on child care, see the CDC website.**
- ☐ **Do not allow lead in your sink and jewelry.**
- ☐ **Shower and change clothes before coming home and wash clothes separately from rest of family. If you work with lead, shower, wash, eat, wear, laundry, etc.**

For more information or for a **FREE** lead poisoning prevention testing, please contact the CCDPH Lead Poisoning Prevention Unit at 769-492-2078.

## *we* | PLAN

Over 100 community providers attended two we | PLAN for Action kick-off sessions to revisit and recommit to addressing the health needs of suburban residents identified in the we | PLAN 2005-2010 community health assessment.

we | PLAN is the systematic collection and analysis of community data that allows CCDPH to prioritize health issues and propose intervention strategies for a community health improvement plan. Three health priorities were identified in the assessment process including:

- Reducing the disease and economic burden of diabetes in suburban Cook County by preventing and reducing obesity.
- Reducing the personal, family and community burden of violence by and against youth by increasing prevention activities for youth and families.
- Improving access to primary care for residents by reducing barriers to care.

## The Public Policy, Planning and Government Relations

Unit played an integral role in the passage of the Illinois Clean Indoor Air Act, which was signed into law July 23, 2007, making Illinois the 22nd state to prohibit smoking in all public places. In addition, staff worked collaboratively with a statewide coalition of voluntary health agencies, local public health departments, physician groups, and others in support of SB500, which prohibited smoking in all workplaces. This was a significant public health accomplishment which will result in fewer cases of heart disease, stroke, lung cancer and other respiratory ailments.

## CCDPH was authorized to enforce the Clean Indoor Air

Act within its jurisdiction. Information was placed on the website, which included a downloadable smoking complaint form for residents to submit via fax. Residents could also submit complaints via telephone by calling the smoking hotline at 708-492-2127.

### All Our Kids: Early Childhood Network (AOK)

AOK is a vital partnership of 60 community agencies, including CCDPH, serving the needs of over 11,000 Cicero children (birth to 5 years of age) and their families. Each year, CCDPH helps to facilitate "Week of the Young Child," a community-wide event emphasizing literacy, school readiness and emotional and physical development. Highlighting the week's activities was the educational expo providing health promotion activities and screening services focusing on Healthy Pregnancy, Breastfeeding, Social and Emotional Wellness and Oral Health. Over 1,850 children and their families participated in the 2007 events.



*Parents attending the Celebration of the Young Child in Cicero were encouraged to breastfeed their infants for the best start in life. Information and advice was available in both English and Spanish.*

## Operating Budget Fiscal Year 2007 Appropriations

Grant funds:	25,662,953
Corporate Funds:	16,703,045
Special Revenue Funds:	8,164,278 (Lead Poisoning Prevention and Suburban Tuberculosis Sanitarium)
Total	\$50,530,276

Cook County Department of Public Health  
a key partner in the public health system  
*in the State of Illinois.*



**CCDPH District Offices** *Stephen A. Martin, Jr, PhD, MPH, Chief Operating Officer*

**Administrative Offices**

1010 Lake Street  
Oak Park, IL 60301  
708-492-2000  
708-492-2002 TDD

**North District Office**

3rd District Courthouse  
2121 Euclid Avenue, Room 250  
Rolling Meadows, IL 60008  
847-818-2860  
847-818-2023 TDD

**Southeastern Health Center**

52 W. 162nd Street  
South Holland, IL 60473  
708-210-4500  
708-210-4010 TDD

**Southwest District Office**

5th District Courthouse  
10220 S. 76th Avenue, Room 250  
Bridgeview, IL 60455  
708-974-6160  
708-974-6043 TDD

**West District Office**

Eisenhower Tower  
1701 S. First Avenue, Room 102  
Maywood, IL 60153  
708-450-5300  
708-450-5302 TDD

**South District Office**

6th District Courthouse  
16501 S. Kedzie Parkway  
Markham, IL 60426  
708-210-4500  
708-210-4010 TDD

*For more information, please visit our website  
at [www.cookcountypublichealth.org](http://www.cookcountypublichealth.org).*

# Cook County Department of Public Health

**Stephen A. Martin, Jr, PhD, MPH**  
Chief Operating Officer

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Assistant Operating Officer

Helen Haynes, JD, LLUM  
Special Counsel

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Financial Control

Linda Murray, MD  
Medical Director

Christina R. Weller, MPH  
Deputy Director  
Prevention Services

Sean McDermott  
Director

Public Policy, Planning and Government Relations

Michael Vernon, DPH

Director

Communicable Disease Control

Sandra Martell, RN, MS

Director

Integrated Health Support Services

Tom Varchmin, MS, LEHP

Director

Environmental Health Services



**Cook County  
Department of Public Health  
Cook County Health and Hospitals System**

**Todd H. Stroger**  
President  
Cook County Board of Commissioners  
Cook County Board of Health

**2007 Annual Report Design Team**  
**Writers/Editors** Kithy Loewy and Sean McDermott  
**Writer/Graphic Designer** Kimberley Conrad Junius, MFA

## *Cook County Bureau of Health Services Affiliates*

## *Cook County Board of Commissioners*

Todd H. Stroger | President

### **Ambulatory and Community Health Network of Cook County**

627 S. Wood Street  
Chicago, IL 60612  
312-864-0719

### **Cermak Health Services of Cook County**

2800 S. California Avenue  
Chicago, IL 60608  
773-890-9300

### **Cook County Department of Public Health**

1010 Lake Street  
Oak Park, IL 60301  
708-492-2000

### **John H. Stroger, Jr. Hospital of Cook County**

1901 W. Harrison Street  
Chicago, IL 60612  
312-864-6000

### **Oak Forest Hospital of Cook County**

15900 S. Cicero Avenue  
Oak Forest, IL 60452  
708-687-7200

### **Provident Hospital of Cook County**

500 E. 51st Street  
Chicago, IL 60608  
312-572-2000

### **Ruth M. Rothstein CORE Center of Cook County**

2020 W. Harrison Street  
Chicago, IL 60612  
312-572-4500

William M. Beavers  
Jerry Butler  
Forrest Claypool  
Earlean Collins  
John P. Daley  
Elizabeth Ann Doody Gorman  
Gregg Goslin  
Roberto Maldonado  
Joseph Mario Moreno  
Joan Patricia Murphy  
Anthony J. Peraica  
Mike Quigley  
Timothy O. Schneider  
Peter N. Silvestri  
Deborah Sims  
Robert B. Steele  
Larry Suffredin

Alsip	Deerfield	Homewood	Northfield	Riverside Township
Arlington Heights	Des Plaines	Indian Head Park	Northfield Township	Robbins
Barrington	Dixmoor	Inverness	Northlake	Rolling Meadows
Barrington Hills	Dolton	Justice	North Riverside	Roselle
Barrington Township	East Hazelcrest	Kenilworth	Norwood Park Township	Rosemont
Bartlett	Elgin	LaGrange	Oak Forest	Sauk Village
Bedford Park	Elk Grove	LaGrange Park	Oak Lawn	Schaumburg
Bellwood	Elk Grove Township	Lansing	Olympia Fields	Schaumburg Township
Berkeley	Elmwood Park	Lemont	Orland Hills	Schiller Park
Berwyn	Evergreen Park	Lemont Township	Orland Park	South Barrington
Bervyn	Flossmoor	Leyden Township	Orland Township	South Chicago Heights
Bloom Township	Ford Heights	Lincolnwood	Palatine	South Holland
Blue Island	Forest Park	Lynwood	Palatine Township	Steger
Bremen Township	Franklin Park	Lyons	Palos Heights	Stone Park
Bridgeview	Garden Homes	Lyons Township	Palos Hills	Streamwood
Broadview	Glencoe	Maine Township	Palos Park	Summit
Brookfield	Glenview	Markham	Palos Township	Thornton
Buffalo Grove	Glenwood	Matteson	Park Forest	Thornton Township
Burnham	Golf	Maywood	Park Ridge	Tinley Park
Burr Ridge	Hanover Park	McCook	Phoenix	Westchester
Calumet City	Hanover Township	Melrose Park	Posen	Western Springs
Calumet Park	Harvey	Merrionette Park	Prospect Heights	Wheeling
Calumet Township	Harwood Heights	Midlothian	Proviso Township	Wheeling Township
Chicago Heights	Hazelcrest	Morton Grove	Rich Township	Willow Springs
Chicago Ridge	Hickory Hills	Mt. Prospect	Richton Park	Wilmette
Cicero	Hillside	New Trier Township	River Forest	Winnetka
Cicero Township	Hinsdale	Niles	River Forest Township	Worth
Country Club Hills	Hodgkins	Niles Township	River Grove	Worth Township
Countryside	Hoffman Estates	Norridge	Riverdale	
Crestwood	Homewood	Northbrook	Riverside	

Cook County Health and Hospitals System  
Report of the Meeting of the Board of Directors  
December 5, 2008

ATTACHMENT #3



## **Cook County Health and Hospitals System**

# **Annual Tuberculosis Surveillance Report 2007**

Cook County Department of Public Health  
Protecting the Health and Environment of Suburban Cook County  
Affiliate, Cook County Health and Hospitals System  
Todd H. Stroger, Jr., President, Cook County Board of Commissioners

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### **Suggested Citation**

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Communicable Disease Control Unit  
Cook County Department of Public Health  
Affiliate, Cook County Health and Hospitals System  
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Oak Park, IL 60301

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## OVERVIEW

### Suburban Cook County Tuberculosis Case Numbers are Increasing

The most striking trend in Cook County tuberculosis (TB) surveillance data is that the number of new TB cases, or persons with active TB disease, a potentially fatal illness, has increased steadily over the past three years, with a 20% increase in just one year—from 2006 to 2007. This recent increase followed 6 years of declining numbers of TB cases and is unique to suburban Cook County; both the City of Chicago and the state of Illinois have noted decreasing numbers of TB cases over the same period.

### Cook County Department of Public Health (CCDPH) TB Control Activities, 2007

If untreated, a person with TB may infect as many as 10-15 others each year. In order to prevent transmission of TB, the CCDPH TB Control and Prevention Program maintains constant vigilance to rapidly identify TB cases, to ensure that cases receive appropriate therapy, and to screen contacts of TB cases to determine if they have been infected. To prevent and control TB in 2007, CCDPH staff conducted the following activities:

- Created an electronic database to monitor the treatment of every active TB case, and track all close contacts to ensure they that were screened for infection.
- Administered 22,844 skin tests (PPD) to screen high risk individuals at the three CCDPH TB clinics located in Des Plaines, Forest Park and Harvey. As a result, 947 persons were identified as having latent TB infection (LTBI—see below) requiring treatment.
- Conducted 13 worksite and/or school skin testing programs to screen 1,319 close contacts of active TB cases for infection.
- Provided direct care for 120 new, active TB cases through the CCDPH clinics, including Directly Observed Therapy (DOT—see below).
- Distributed an informational newsletter to all suburban acute care hospitals.
- Gave 17 presentations and educational programs to diverse audiences:
  - ◊ Nursing Home in-services (6)
  - ◊ CEDA Head Start Health Advisory Committee (1)
  - ◊ Family Health Center (1)
  - ◊ Cook County Public Defenders (1)
  - ◊ South Suburban Nurses Coalition (2)
  - ◊ Northwest Municipal Nurses Coalition (1)
  - ◊ Latino Health Conference (1)
  - ◊ Regional Municipal Police and Fire Chief Meetings (3)
  - ◊ Chicago Bar Association (1)

### Tuberculosis Facts

Tuberculosis is an infection caused by the organism *Mycobacterium tuberculosis*, which spreads from person to person when a contagious individual sneezes, coughs, or speaks. Persons with pulmonary or laryngeal TB can infect others. TB bacilli form tiny particles (droplet nuclei) that can become suspended in air, sometimes for long periods, and cause infection when they are inhaled by others. Close contacts of TB cases, such as household members or others who spend considerable time together, can become infected.

Most infected persons have latent TB infection (LTBI) with no symptoms and are not infectious to others; the condition is found through a positive screening test (skin test or blood test). It is crucial, however, that persons with LTBI receive treatment, because without treatment about 10% will eventually develop active TB. Persons with LTBI and immunocompromising conditions progress to active TB much more rapidly, and are more likely to have serious outcomes. For example, HIV-infected persons develop active TB 50 times faster than individuals without HIV. Without proper treatment, up to 90% of HIV-positive persons with TB will die within months of TB infection. Consequently, identifying persons with HIV and TB coinfection is critical.

Active TB can be difficult to diagnose and treatment requires months of therapy. Although TB most commonly involves the lungs, it can infect any organ of the body. Active TB generally causes significant symptoms including

night sweats, unexplained weight loss, fever, and chills. Without treatment, an estimated 60—70% of persons with active TB would die of this curable disease within a few years<sup>1</sup>.

Persons diagnosed with active TB are required to limit contact with others until they are no longer infectious, and to follow an intensive, four-drug antibiotic regimen lasting at least 6 months. It is necessary for patients with active TB to adhere strictly to the prescribed treatment regimen to prevent the development of drug-resistant strains of TB. If a person develops drug-resistant TB, therapy can take 18 months or longer, and drug regimens often require the use of more toxic antibiotics to treat TB effectively.

To ensure successful completion of the treatment regimen, and to minimize the prospect of drug-resistant TB, field staff from the CCDPH TB Control and Prevention Program watch persons with active TB take *every dose* of medication. This process is called directly observed therapy (DOT) and is a cornerstone of modern TB control and prevention. DOT is labor and resource intensive—and a highly effective approach to curing TB. Largely as a result of using DOT, 99% of suburban Cook County TB cases successfully completed treatment over the past 10 years and were cured.

#### **Tuberculosis, a Global Challenge With Local Consequences**

Through aggressive TB case identification, effective treatment, and contact tracing efforts, transmission of TB within suburban Cook County has been largely controlled, mirroring national trends. But the control of TB requires a sustained commitment to screening and treatment of LTBI. The majority of TB cases (77%) in 2007 were in persons born outside of the United States in the many areas of the world where TB is common. These individuals, like most persons infected with TB, likely had LTBI which became active after they immigrated to the United States.

The World Health Organization estimates that one-third of the world's population, some 2 billion persons, currently have LTBI. Among this group, more than 9 million will develop active TB disease each year, and nearly 2 million, or 4,500 people per day, will die. The speed with which individuals can traverse the globe, together with dynamic immigration patterns to suburban Cook County, means that persons at risk of having LTBI are likely to reside within CCDPH jurisdiction. *Screening programs targeting these high risk populations identify persons with LTBI, a condition which can be treated before it progresses to active TB disease.*

During 2008, in addition to responding to identified cases of active TB, the CCDPH TB Control and Prevention Program is utilizing surveillance data to assist healthcare providers, schools, and other key partners, with ensuring that those most at risk of LTBI are screened. This critical step, as part of a strong, sustained private and public effort, will prevent the development of active TB disease and greatly reduce the risk of potential transmission within the community.

<sup>1</sup>Borgdorff Martien W., Floyd Katherine, Broekmans Jaap F.. Interventions to reduce tuberculosis mortality and transmission in low- and middle-income countries. Bull World Health Organ [serial on the Internet]. 2002 [cited 2008 July 11]; 80(3): 217-227. Available from: [http://www.scielo.org/scielo.php?script=sci\\_arttext&pid=S0042-96862002000300008&lng=en&nrm=iso](http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0042-96862002000300008&lng=en&nrm=iso)

## IMPORTANT TRENDS, 2007

### **TB Case Rates**

In 2007, 139 newly active cases of tuberculosis (TB) were identified in suburban Cook County. This represents an increase of 20% over the number of cases reported in 2006 (n=116). The rate of active TB disease in suburban Cook County in 2007 was 5.7 per 100,000 population, compared to 8.9 per 100,000 population in the City of Chicago and 4.1 per 100,000 in the State of Illinois.

### **Place of Birth**

Since 2000, the majority of TB cases in suburban Cook County occurred in persons born outside of the United States, in areas where TB is common. In 2007, 107 (77%) of all TB cases were foreign-born. Countries ranking highest on the list of persons with TB in 2007 include India (n=30), the Philippines (n=21) and Mexico (n=18).

### **Race/Ethnicity**

Since 1998, the proportion of TB cases who were Asian/Pacific Islanders has increased by 79%. These individuals now represent almost half of all TB cases, and 94% of these cases were foreign-born. Approximately 21% of TB cases were Hispanic, a trend that has been stable since 2003. Similar to the observation for Asians/Pacific Islanders, 93% of TB cases in Hispanics occurred in those who were foreign-born.

### **Age**

Eighty-seven (63%) of TB cases in 2007 were 45 years and older; 30 (22%) were 65 years and older.

### **TB and HIV/AIDS Coinfection**

The proportion of TB cases tested for HIV increased from 25% to 78% between 2000 and 2007. Seven (6%) of the TB cases tested in 2007 were HIV positive.

### **Multidrug-Resistant (MDR-TB) and Extensively Drug-Resistant (XDR-TB) Tuberculosis\***

Since 1998, suburban Cook County has averaged 1-2 MDR-TB cases per year. No case of XDR-TB has ever been reported in suburban Cook County.

### **Treatment**

From 1998—2007, 99% of TB cases in suburban Cook County completed an appropriate course of therapy.

### **Site of Disease**

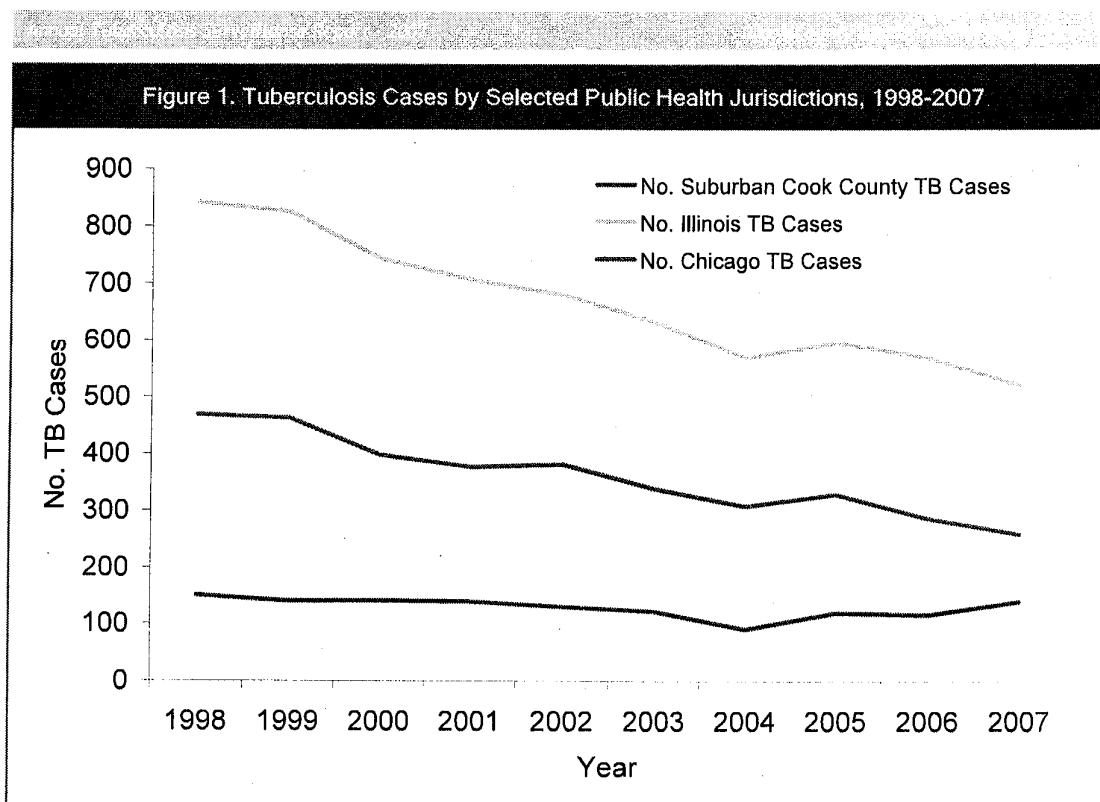
Eighty-six (62%) of all TB cases reported were pulmonary cases, and 53 (38%) had extrapulmonary involvement, a trend that has remained stable since 1998.

### **Number of TB Cases and Case Rates by Municipality, 2005-2007**

A total of 75 TB cases (54%) lived in the North District during 2007. The North District represents approximately 44% of the general population of suburban Cook County, indicating a slightly larger than expected number of TB cases. From the North District, Skokie and Des Plaines each reported 11 cases of TB. These were the two municipalities with the largest number of cases reported in 2007.

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\*Multidrug-resistant TB (MDR-TB) is defined as TB resistant at least to isoniazid (INH) and rifampin (RIF). MDR TB treatment requires the use of second-line drugs that are less effective, more toxic, and costlier than first-line regimens. Extensively drug resistant TB (XDR-TB) is defined as resistance to INH, RIF, at least one fluoroquinolone and at least one of the injectable drugs (i.e., amikacin, kanamycin, or capreomycin).



**Figure 1.** In suburban Cook County, tuberculosis (TB) cases declined steadily from a high of 150 cases in 1998 to 122 cases in 2003. There was a 25% decrease in reported cases in 2004 (n=91) from 2003, followed by increasing numbers of TB cases reported from 2004-2007.

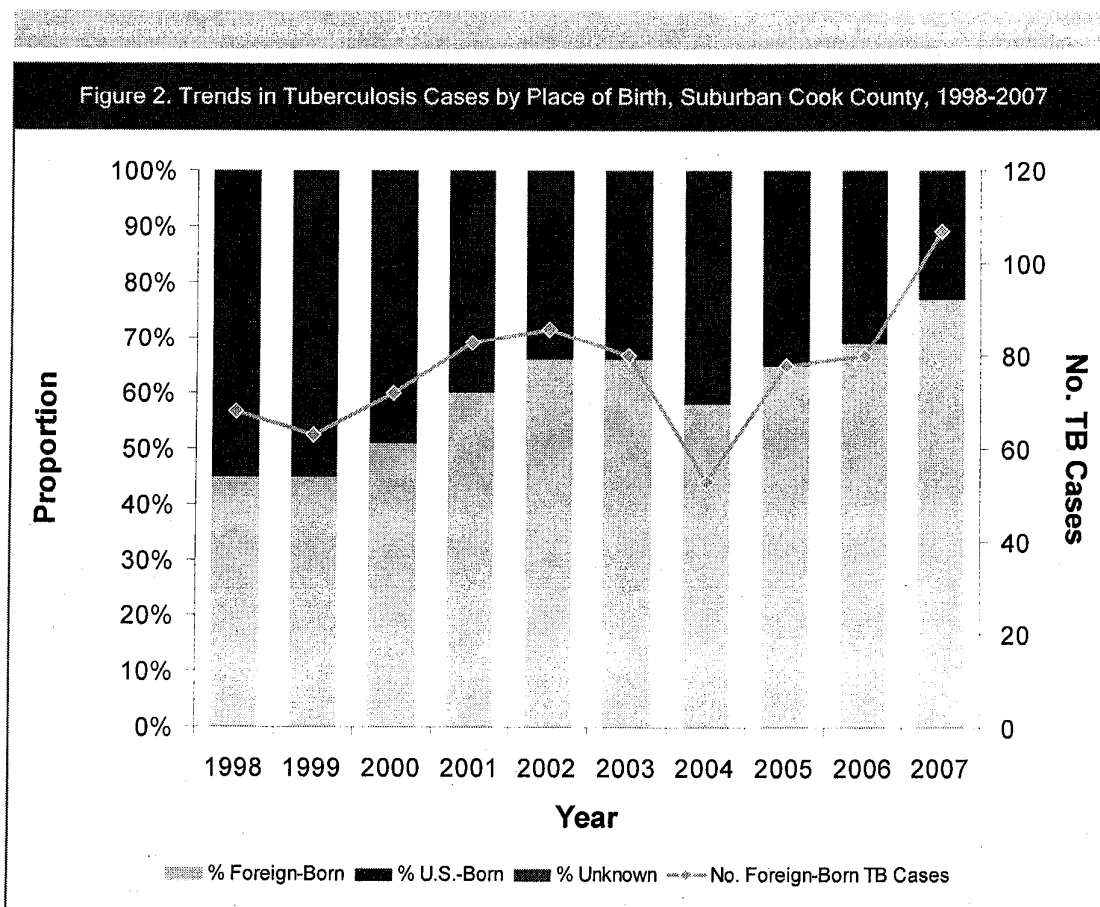
Reported TB cases have increased 53% from 2004 (n=91) to 2007 (n=139). Between 2006 and 2007, TB cases increased 20%, from 116 cases in 2006 to 139 cases in 2007.

In the City of Chicago, and in Illinois overall, the trend in reported TB cases has been downward over the past 10 years. In Illinois, reported TB cases have declined 38%, from 842 in 1998 to 521 in 2007. In Chicago, reported TB cases declined 45%, from 469 in 1998 to 269 in 2007. In suburban Cook County, however, there has only been a 7% decrease over the same period, from 150 in 1998 to 139 in 2007.

**Table 1. Tuberculosis Cases and Percentages by Selected Characteristics,  
Suburban Cook County, 1998-2007**

Characteristic	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Sex</b>																				
Male	85	57	77	55	75	53	74	53	72	55	70	57	53	58	57	48	64	55	73	53
Female	65	43	63	45	66	47	65	47	58	45	52	43	38	42	63	53	52	45	66	47
<b>Race/ Ethnicity</b>																				
White, not Hispanic	40	27	51	36	31	22	34	24	28	22	28	23	23	25	21	18	19	16	26	19
Black, not Hispanic	35	23	22	16	43	30	32	23	22	17	30	25	19	21	30	25	19	16	16	12
Hispanic	20	13	20	14	20	14	26	19	25	19	19	16	21	23	24	20	25	22	29	21
Asian/ Hawaiian/ PI	45	30	38	27	45	32	46	33	55	42	45	37	28	31	45	38	53	46	68	49
Unknown Race/ Ethnicity	10	7	9	6	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age at Report</b>																				
Under 5	4	3	3	2	6	4	7	5	2	2	1	1	1	1	3	3	4	3	3	2
5-14	2	1	0	0	2	1	0	0	0	0	1	1	0	0	3	3	4	3	2	1
15-24	13	9	9	6	16	11	16	12	12	9	17	14	5	5	15	13	7	6	14	10
25-44	42	28	57	41	50	35	43	31	54	42	38	31	31	34	43	36	37	32	33	24
45-64	45	30	34	24	35	25	42	30	31	24	44	36	33	36	31	26	34	29	57	41
65+	44	29	37	26	32	23	31	22	31	24	21	17	21	23	25	21	30	26	30	22
<b>Total</b>	<b>150</b>	<b>100</b>	<b>140</b>	<b>100</b>	<b>141</b>	<b>100</b>	<b>139</b>	<b>100</b>	<b>130</b>	<b>100</b>	<b>122</b>	<b>100</b>	<b>91</b>	<b>100</b>	<b>120</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>139</b>	<b>100</b>

**Table1. Sex:** In 2007 males accounted for 73 (53%) of all TB cases, a proportion that has been consistent over the past decade. **Age:** In 2007, 120 (87%) of all TB cases were 25 years or older. Persons aged 45-64 years accounted for the largest proportion of active TB cases, 57 (41%). **Race/Ethnicity:** Since 1998, the proportion of TB cases in Asian/Pacific Islanders increased 79%. These individuals now represent almost half of all TB cases. Approximately 21% of TB cases were Hispanic, a proportion that has been stable since 2003.



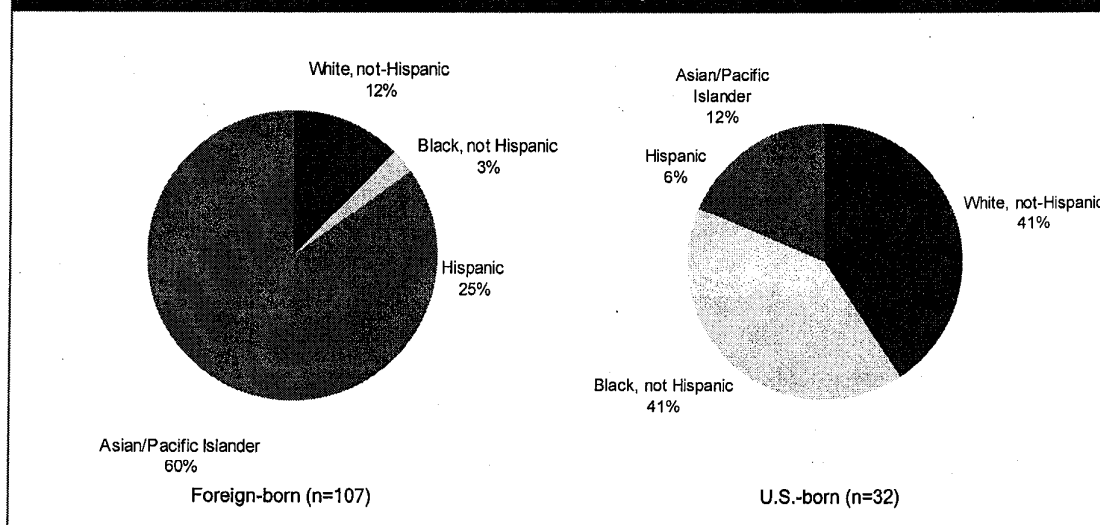
**Figure 2.** Since 2000, the number of foreign-born TB cases increased 49%, from 72 in 2000 to 107 in 2007. Conversely, U.S.-born cases decreased 54%, from 69 in 2000 to 32 in 2007. Currently, 107 (77%) of all cases reported in suburban Cook County are foreign-born. Similar increases have been reported in Chicago (51% foreign-born, 2007)<sup>1</sup>, Illinois (69% foreign-born, 2006)<sup>2</sup>, and the U.S. (57% foreign born, 2006)<sup>3</sup>.

<sup>1</sup> Eaglin M. World TB Day Presentation, Malcolm X College, Chicago IL: March 26, 2008

<sup>2</sup> Illinois Department of Public Health. Annual Tuberculosis Report – Illinois, 2006. Springfield, IL: 2007

<sup>3</sup> Centers for Disease Control and Prevention. Reported Tuberculosis in the United States, 2006. Atlanta, GA; U.S. Department of Health and Human Services, CDC: September, 2007.

Figure 3. Percentage of Tuberculosis Cases by Place of Birth and Race/Ethnicity, Suburban Cook County, 2007



**Figure 3.** Of the 139 cases of TB reported to Cook County Department of Public Health, 107 (77%) were foreign-born and 32 (23%) were U.S.-born. **Foreign-born:** Among the foreign-born, 64 (60%) were Asian/Pacific Islanders and 27 (25%) were Hispanic. Overall, 94% of Asian/Pacific Islanders with active TB were foreign-born, as were 93% of Hispanic TB cases. Among all non-Hispanic blacks with active TB, 3 (19%) were foreign-born; among all non-Hispanic white TB cases, 13 (50%) were foreign-born. **U.S.-born:** Among the U.S.-born TB cases, 13 (41%) were non-Hispanic black, 13 (41%) were non-Hispanic white, four (12%) were Asian/Pacific Islanders and two (6%) were Hispanic.

Table 2. Foreign-born Tuberculosis Cases by Top Countries of Birth\*, Suburban Cook County, 1998-2007

Nationality	1998 No.	1999 No.	2000 No.	2001 No.	2002 No.	2003 No.	2004 No.	2005 No.	2006 No.	2007 No.
India	22	27	21	24	31	16	13	24	23	30
Philippines	8	5	9	6	7	13	10	12	16	21
Mexico	13	11	14	21	18	14	13	19	18	18
Korea, Republic Of	2	4	4	1	6	2	2	4	2	5
Poland	4	1	6	6	4	3	3	2	1	4
Pakistan	1	0	2	5	3	2	1	1	1	5
China	5	0	3	0	1	3	1	0	3	1
Vietnam	2	2	0	3	1	3	0	1	2	1
Russia	1	2	1	0	0	1	0	1	0	1
Yugoslavia	1	2	0	1	1	0	0	1	0	0
Italy	2	1	0	0	1	1	0	1	0	2
Romania	0	2	0	0	1	0	1	1	2	0
Nigeria	0	0	2	0	0	4	0	1	0	0
Thailand	0	1	1	2	0	1	0	0	1	1
Bosnia and Herzegovina	1	0	0	0	1	1	2	1	0	0
Guatemala	0	0	0	1	1	1	1	0	0	2
Haiti	0	0	0	0	0	3	0	1	0	1
Burma	0	0	1	0	2	1	0	0	0	1

\* Countries from which at least 5 TB cases were reported between 1998-2007

**Table 2.** Table 2 shows foreign-born TB cases by country of origin for countries in which at least 5 cases were reported over the past 10 years. Other than an increase the number of TB cases from the Philippines, there has been little change over the past decade.

Although in 2007, foreign-born cases came from more than two dozen countries, 69 (64%) came from just three: India (n=30), the Philippines (n=21) and Mexico (n=18).

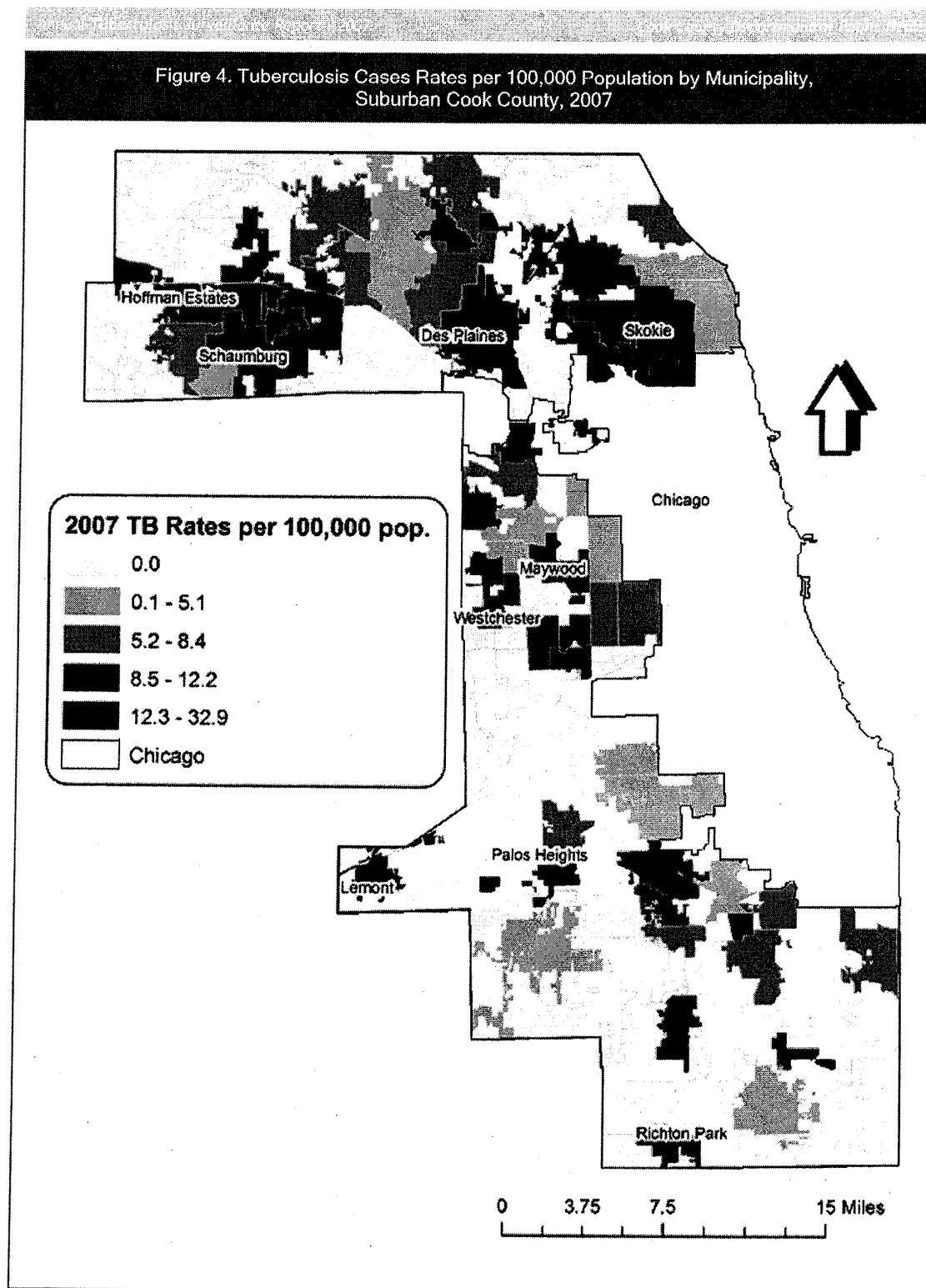
**Table 3. Number and Proportion of TB Cases Tested for HIV and Number and Proportion Coinfected with TB and HIV, Suburban Cook County, 2000-2007**

Year	Total Tuberculosis Cases	Tested for HIV		Coinfected with HIV	
	No.	No.	%	No.	%
2000	141	35	25	5	14
2001	139	32	23	7	22
2002	130	72	55	5	7
2003	122	89	73	7	8
2004	91	75	82	4	5
2005	120	94	78	6	6
2006	116	85	73	2	2
2007	139	108	78	7	6

**Table 3.** Between 2000 and 2007, the proportion of cases tested for HIV increased from 25% in 2000 to 78% in 2007. Of those with TB and HIV test results, 6% were coinfectd in 2007.



Figure 4. Tuberculosis Cases Rates per 100,000 Population by Municipality, Suburban Cook County, 2007



**Table 4. Tuberculosis Cases and Rates (per 100,000 population) by Municipality for the North and West Districts, Suburban Cook County, 2005-2007**

CITY	NORTH						CITY	WEST					
	2005 No.	2005 Rate*	2006 No.	2006 Rate*	2007 No.	2007 Rate*		2005 No.	2005 Rate*	2006 No.	2006 Rate*	2007 No.	2007 Rate*
Arlington Heights	5	6.7	2	2.7	3	4	Bellwood	1	5.1	0	0	1	5.1
Barrington	0	0	0	0	0	0	Berkeley	0	0	0	0	0	0
Barrington Hills	0	0	0	0	0	0	Berwyn	2	3.9	4	7.8	4	7.8
Bartlett	0	0	0	0	0	0	Broadview	2	25.5	1	12.7	0	0
Buffalo Grove	1	2.3	0	0	0	0	Brookfield	0	0	0	0	2	10.8
Des Plaines	10	17.7	2	3.5	11	19.5	Burr Ridge	0	0	0	0	0	0
Elgin	1	1	0	0	0	0	Cicero	8	9.7	7	8.5	6	7.2
Elk Grove Village	2	5.9	2	5.9	4	11.8	Countryside	0	0	0	0	0	0
Evanston	1	1.3	3	4	2	2.7	Elmwood Park	1	4.1	2	8.2	1	4.1
Glencoe	1	11.1	1	11.1	0	0	Forest Park	1	6.6	0	0	5	32.9
Glenview	1	2.2	3	6.5	4	8.7	Franklin Park	1	5.4	3	16.2	1	5.4
Golf	0	0	0	0	0	0	Harwood Heights	0	0	0	0	1	12.2
Hanover Park	0	0	0	0	1	2.7	Hillside	0	0	0	0	1	12.9
Hoffman Estates	2	3.8	2	3.8	6	11.5	Hinsdale	0	0	0	0	0	0
Inverness	1	13.6	0	0	0	0	Hodgkins	0	0	0	0	0	0
Kenilworth	0	0	0	0	0	0	Indian Head Park	0	0	0	0	0	0
Lincolnwood	1	8.3	0	0	2	16.6	La Grange	0	0	2	12.9	0	0
Morton Grove	1	4.5	4	18	2	9	La Grange Park	0	0	0	0	0	0
Mount Prospect	8	14.7	3	5.5	3	5.5	Lyons	1	9.6	0	0	1	9.6
Niles	0	0	2	6.8	5	17	Maywood	2	7.8	3	11.6	5	19.4
Northridge	1	7.1	0	0	0	0	Mccook	0	0	1	411.5	0	0
Northbrook	1	18.1	2	36.3	0	0	Melrose Park	2	8.9	5	22.2	1	4.4
Northfield	1	8.8	0	0	0	0	North Riverside	0	0	0	0	0	0
Palatine	3	4.5	3	4.5	4	5.9	Northlake	2	31.3	1	15.7	3	47
Park Ridge	1	2.7	0	0	0	0	Oak Park	2	3.9	0	0	1	2
Prospect Heights	1	6.1	4	24.4	2	12.2	River Forest	0	0	0	0	0	0
Rolling Meadows	0	0	1	4.2	2	8.4	River Grove	1	8.9	0	0	0	0
Roselle	0	0	0	0	0	0	Riverside	0	0	0	0	1	11.8
Schaumburg	7	9.6	2	2.7	7	9.6	Rosemont	0	0	0	0	0	0
Skokie	5	7.7	10	15.5	11	17	Schiller Park	2	17.2	1	8.6	1	8.6
South Barrington	0	0	0	0	0	0	Stone Park	0	0	2	40.8	0	0
Streamwood	3	8	2	5.4	2	5.4	Westchester	1	6.2	0	0	3	18.5
Wheeling	1	7.9	4	31.8	2	15.9	Western Springs	0	0	0	0	0	0
Wilmette	1	3.7	1	3.7	1	3.7							
Winnetka	0	0	0	0	1	8							
<b>Total†</b>	<b>60 (50%)</b>		<b>53 (46%)</b>		<b>75 (54%)</b>		<b>Total</b>	<b>29 (24%)</b>		<b>32 (28%)</b>		<b>38 (27%)</b>	

\*Rates per 100,000 population per year.

†Total number of cases in the specified district. Percentage is the proportion of all TB cases in suburban Cook County in the specified year.

**Table 4. North District:** A total of 75 cases (54%) were living in the North District in 2007. The North District represents approximately 44% of the general population of suburban Cook County, indicating a slightly larger than expected number of TB cases. From the North District, eleven cases each were reported from both Skokie and Des Plaines. These were the two municipalities with the largest number of cases reported in 2007.

**West District:** Thirty-eight cases (27%) were reported from the West District, which represents 26% of the general population of suburban Cook County. Cicero (n=6), Forest Park (n=5) and Maywood (n=5) had the largest number of reported TB cases in the West District.

**Table 5 . Tuberculosis Cases and Rates (per 100,000 population) by Municipality for the South and Southwest Districts, Suburban Cook County, 2005-2007**

SOUTH						SOUTHWEST					
CITY	2005		2006		2007		CITY	2005		2006	
	No.	Rate*	No.	Rate*	No.	Rate*		No.	Rate*	No.	Rate*
Burnham	0	0	0	0	0	0	Alsip	0	0	2	10.5
Calumet City	2	5.3	2	5.3	2	5.3	Bedford Park	0	0	0	0
Chicago Heights	1	3.2	1	3.2	1	3.2	Blue Island	1	4.4	0	0
Country Club Hills	1	6	0	0	2	12.1	Bridgeview	1	6.7	0	0
Dixmoor	0	0	0	0	1	26.2	Burbank	0	0	2	7.2
Dolton	3	12.2	4	16.3	0	0	Calumet Park	0	0	0	0
East Hazel Crest	0	0	0	0	0	0	Chicago Ridge	0	0	0	0
Flossmoor	1	10.6	0	0	0	0	Crestwood	0	0	0	0
Ford Heights	0	0	0	0	0	0	Evergreen Park	1	5	0	0
Glenwood	2	23.1	1	11.5	1	11.5	Forest View	0	0	0	0
Harvey	3	10.4	3	10.4	2	7	Hickory Hills	0	0	0	0
Hazel Crest	0	0	0	0	0	0	Hometown	0	0	0	0
Homewood	1	5.3	1	5.3	0	0	Justice	0	0	0	0
Lansing	4	14.6	1	3.7	0	0	Lemont	0	0	0	0
Lynwood	0	0	0	0	0	0	Mentonette Park	0	0	0	0
Markham	1	8.1	0	0	0	0	Oak Lawn	0	0	2	3.7
Matteson	1	6.4	2	12.8	0	0	Orland Hills	0	0	0	0
Midlothian	0	0	1	7.2	1	7.2	Orland Park	2	3.6	3	5.4
Oak Forest	1	3.6	2	7.1	0	0	Palos Heights	0	0	0	0
Olympia Fields	0	0	0	0	0	0	Palos Hills	0	0	0	0
Park Forest	0	0	0	0	0	0	Palos Park	0	0	0	0
Phoenix	0	0	0	0	0	0	Stickney	0	0	0	0
Posen	0	0	0	0	0	0	Summit	0	0	0	0
Richton Park	0	0	0	0	2	15.4	Willow Springs	1	16.6	0	0
Riverdale	3	29.4	3	29.4	1	9.8	Worth	0	0	0	0
Robbins	0	0	0	0	0	0					
Sauk Village	0	0	0	0	0	0					
South Chicago Heights	0	0	0	0	0	0					
South Holland	1	4.6	0	0	0	0					
Steger	0	0	0	0	0	0					
Thomton	0	0	0	0	0	0					
Tinley Park	0	0	1	1.7	0	0					
<b>Total†</b>	<b>25 (21%)</b>		<b>22 (19%)</b>		<b>13 (9%)</b>			<b>6 (5%)</b>		<b>9 (8%)</b>	

\*Rates per 100,000 population per year.

†Total number of cases in the specified district. Percentage is the proportion of all TB cases in suburban Cook County in the specified year.

**Table 5. South and Southwest Districts:** Thirteen cases each (9% of all TB cases) were reported from both the South and Southwest Districts, which represent 19% and 14%, respectively, of the general population of suburban Cook County. Calumet City, Country Club Hills, Harvey, and Richton Park in the South each had 2 TB cases. Alsip, Lemont, and Oak Lawn had two TB cases in the Southwest District. No municipality in these districts had more than 2 reported TB cases.